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RECEIVED (512) 463 5800 Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 1-800-325-8506 APR 2 9 2005 CANDIDATE / OFFICEHOLDER FORM C/OH CITY OF FORT WO GOVER SHEET PG 1 CAMPAIGN FINANCE REPORT ACCOUNT (Ethics Commission filers) 2 Total pages filed: The C/OH INSTRUCTION GUIDE explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** MS. Karnleen NAME ticks ADDRESS / PO BOX; APT / SUITE #: CITY;
P. D. BOY 15921 4 CANDIDATE/ STATE; ZIP CODE OFFICEHOLDER MAILING **ADDRESS** Fort worth, Toxas 76119 Change of Address PHONE NUMBER 5 CANDIDATE/ OFFICEHOLDER (P) (9) 8100007 PHONE Amoun MRS/MR FIRST MI
DI, CLAYENCE J
KNAME LAST SUFFIX CAMPAIGN **Date Processed** TREASURER Date Imaged NAME STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; **CAMPAIGN** STATE: 2200 Evans Avenue Fort workn, Ityas 76104 **TREASURER** ADDRESS (Residence or business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** (817)926 4693 PHONE 9 REPORT TYPE January 15 30th day before election 15th day after campaign treasurer appointment (officeholder only) 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR) 10 PERIOD COVERED THROUGH 129/05 27/05 11 ELECTION ELECTION TYPE Primery Runoff General Special 7/05 OFFICE HELD (If any) 12 OFFICE 13 OFFICE SOUGHT (if known) Council Rep. 14 NOTICE Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. OF DIRECT Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. CAMPAIGN **EXPENDITURE** BYOTHER INDIVIDUALS Address / PO Box; Apt. / Suite #; Zio Code

**GO TO PAGE 2** 

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additional pages

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Erin Ki	Athlen Hicks	16ACCOUNT#(Ethics Commission filers)
17 NOTICE FROM POLITICAL	may have been made	ice of political expenditures by political committees to support the candi without the candidate's or officeholder's knowledge or consent. Candida they receive notice of such expenditures. ••	date / officeholder. These expenditures stes and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	·
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN IS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 5050.00
	•	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5050.00
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	4. TOTAL	POLITICAL EXPENDITURES	\$ 13, 199. 76
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ 9200.24
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	s O
19 AFFIDAVIT			
			perjury, that the accompanying report
<b>3</b>	***************************************	is true and correct and includes all i  me under Title 15, Election Code.	nformation required to be reported by
	ARTY HENDRI DTARY PUBLIC STATE OF TEX	AS	
	CONNISSION EXPIRES: APRIL 3, 200		640 174.5
<b>*********</b>	***************************************	Slopeture of Server	(UUU) ((1)
AFFIX NOTARY STAM	P / SEAL ABOVE	ognasits of Cells	A :
Sworn to and subscril	N 67	the said Erin Kathleen Hicks	, this the 2 gam day
of HOLL	20 <u>V &gt;</u> , to cer	hify which, witness my hand and seal of office.	
Signature of officer ad	Iministering oath	Printed name of officer administering oath Ti	tle of officer admikistering oath

### SCHEDULE A

The Instruction	M GUIDE explains how to complete this form.		1 Total pages Scho	edule A:
2 FILER NAME	Erin Xaknioon H	1CXs	3 ACCOUNT # (Es	hics Commission filers)
4 Date	5 Full name of contributor Dut-of-state PAC (IDIT_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
471705	VITGINIA M. Leonau 6 Contributor address; City; State; Zip Code	٠	\$300	· [
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9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (IDIE)  O. P. Leo (ID) and, IY  Contributor address: City, State: Zin Code	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
41105	Contributor address; City; State; Zip Code		5300	<u> </u>
Principal occuj	oation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4(1/05	201000 A. HOOGES.  Contributor address; City; State; Zip Code		6300	
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
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4/2/05	Atty Constance Lav contributor address; City: State; Zip Code 4 2005 OWN HWEN St	ngstor	5100	
	Fork worth, Toxas	76100	1	
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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### SCHEDULE A

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